

Printed 09/13/2003

APPLICATION NUMBER	FILING DATE	CLASS	GROUP A	ATTORNEY DOCKET N
09/132,351	08/12/1998	455	2681	678-154 (P837

APPLICANT

ROE-KWAN KIM, YONGIN-SHI, KRX.

CONTINUING DOMESTIC DATA***

VERIFIED

None true

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

KRX

38430/1997

08/12/1997

O.K. true

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name Initials	KRX	8	14	3

ADDRESS

FRANK CHAU
DILWORTH & BARRESE
333 EARLE OVINGTON BOULEVARD
UNIONDALE , NY 11555

TITLE

METHOD FOR TRANSMITTING SHORT MESSAGE TO CALLED SUBSCRIBERS

#4

SERIAL NUMBER 09/132,351	FILING DATE 08/12/98	CLASSES 455	GROUP ART UNIT 2744	ATTORNEY DOCKET NO. 678-154(P837)
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APPLICANT

ROE-KWAN KIM, YONGIN-SHI, REPUBLIC OF KOREA.

CONTINUING DOMESTIC DATA***

VERIFIED

None MD

371 (NAT'L STAGE) DATA***

VERIFIED

None MD

FOREIGN APPLICATIONS***

VERIFIED

REPUBLIC OF KOREA 38430/1997

08/12/97

O.K. MD

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KRX	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>MD</u> Examiner's Initials _____	Initials _____			

ADDRESS	FRANK CHAU DILWORTH & BARRESE 333 EARLE OVINGTON BOULEVARD UNIONDALE NY 11555
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TITLE	METHOD FOR TRANSMITTING SHORT MESSAGE TO CALLED SUBSCRIBERS
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FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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